



APPLICATION FORM OVERDRAFT FACILITY

AGF 155

1. **Applicant (full name):**.....
2. **Branch:**.....
3. **Address:**.....
4. **Employer's name:**.....
5. **Job Title:**.....
6. **Telephone Number:**.....
7. **Amount applied for:** \$.....
8. **Period under which operating account has been maintained with Agribank:**.....
9. **Next Month's pay day:**.....
10. **Loan Type:** **C30** (individuals 30 days) **C91** (individuals 91 days)

11. Client Declaration:

I..... agree to abide by the terms and conditions of the Overdraft facility as
 availed to me by the branch. I authorise Agribank to debit my account with an amount of
 \$.....on due date.

Account Number:

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12. SIGNATURE.....DATE:.....

The Bank reserves the right to withdraw the overdraft facility at anytime without giving reasons.

Bank use Only

Three months salary

1 st Month	2 nd Month	3 rd Month	Recommended	Approved

Recommended by..... Signature..... Date.....

Approved by..... Signature..... Date.....

Captured by..... Signature..... Date.....

LD Number Expiry Date.....

Authorised by..... Signature..... Date.....